



Board of Coal Mining Examiners
P.O. Drawer 900
Big Stone Gap, VA 24219
(276)523-8149

Verification of Training Completed for General Coal Miner Certification

Type or print this form in ink and submit it to the **Board of Coal Mining Examiners** with a \$10 processing fee in the form of a certified check, cashier's check, or money order made payable to the **Treasurer of Virginia**. Cash will be accepted if paid in person at a Division of Mines' (DM) office.

1. Full Name _____ Date of Birth _____

2. Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

3. Home Phone No. (____) _____ Date of Employment _____

4. Employer Company Name _____ Mine Name _____

Address _____
Street or P.O. Box _____ City _____ State _____ Zip Code _____

5. Job title/description of job duties _____

6. I received training in first aid and Virginia's coal mining law and regulations on _____ or I have
attached a copy of my valid first aid card. _____ Date or Dates

I hereby certify that the above answers are true to the best of my knowledge and belief.

Signed _____ Date _____
Signature of applicant for certification

I hereby certify to the BCME that the training I provided to the applicant set forth above meets the requirements of Virginia Code §45.1-161.37 and the Virginia Administrative Code 4 VAC 25-20, and the applicant has satisfactorily demonstrated to me the required knowledge of first aid practices and the mine safety laws of Virginia.

Name printed and signed _____
Certified foreman or instructor approved by DM providing training

Cert. No. _____

Name printed and signed when the applicant is hired _____
Mine operator employing applicant